



California State Athletic Commission
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**CALIFORNIA STATE ATHLETIC COMMISSION
 PROFESSIONAL BOXER'S PENSION PLAN**

PROFESSIONAL BOXER DISTRIBUTION REQUEST FORM

Boxer Name: _____ LB#: _____ Social Security #: (____ - ____ - ____)
 Date of Birth: ____ / ____ / ____ or Date of Death: ____ / ____ / ____
 Widow(er) Name (If applicable): _____ Social Security #: (____ - ____ - ____)
 Beneficiary Name (If applicable): _____ Social Security #: (____ - ____ - ____)
 Beneficiary Name (If applicable): _____ Social Security #: (____ - ____ - ____)
 Mailing Address: _____
 City, State Zip: _____
 Daytime Phone: (____) _____ E-Mail Address: _____

Reason for Distribution:

- a. ☐ I have attained age 50
- b. ☐ The boxer has died, and I am requesting a distribution as his/her beneficiary.
- c. ☐ Vocational Early Retirement. I certify that I have attained age 36, and have retired from boxing.

Marital status:

☐ Married ☐ Not Married ☐ Widow or Widower

Payment option:

- a. ☐ Life Annuity. Payments for your life only.
- b. ☐ Joint and Survivor Annuity (*for married participants only*). Payments for your life and your spouse's life.
- c. ☐ Lump sum cash payment (select "good cause" for cash payment below)
 - 1. ☐ Boxer is Deceased
 - 2. ☐ Boxer is Terminally ill
 - 3. ☐ Boxer is Disabled
 - 4. ☐ Account Balance is Less Than \$70,000
- d. ☐ Payment to Vocational Educational Institution (Include name and address of

Boxer Distribution Request Form - Boxer Name: _

LB#: SS #: ()

Institution and documentation that confirms you have entered a qualified program.
A certified copy of your enrollment documents and/or transcripts is acceptable. The
commission reserves the right to request additional documentation.)

Signature and consent:

By signing below, I request a distribution of my benefits from the plan. I understand that my benefit is subject to review and authorization by the Commission. I have read the Policy for Distribution of Plan Benefits, and I understand that this distribution is subject to income taxes.

Signature of Boxer_____
Date_____
Signature of Widow(er) (if applicable)_____
Date_____
Signature of Beneficiary (if applicable)_____
Date_____
Signature of Beneficiary (if applicable)_____
Date_____
Signature of Beneficiary (if applicable)_____
Date_____
Signature of Beneficiary (if applicable)_____
Date_____
Signature of Beneficiary (if applicable)_____
Date_____
Signature of Beneficiary (if applicable)_____
Date

Spouse's consent (not required if Joint & Survivor Annuity option is selected)

As the lawful spouse of this boxer, I hereby consent to receipt of benefits under the plan in a form other than a joint and survivor annuity. I have read this election form, and agree with the selections made. I understand that this consent cannot be changed later.

Signature of Spouse

Date

Notary witness (spouse's signature must be witnessed by a Notary Public)

"State of California,

County of _____

On _____ before me, _____ personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)

State of California

County of _____

Subscribed and sworn to (or affirmed) before me on this ____ day of _____, 20____,
by _____, proved to me on the basis of satisfactory evidence to
be the person(s) who appeared before me.

Signature _____ (Seal)"

(FOR COMMISSION AND PENSION ADMINISTRATOR USE ONLY):

- () Covered status has been verified.
- () Retirement – age 50 has been verified.
- () Death – death certificate received, and marriage certificate or beneficiary verified.
- () Form W-4P has been completed.
- () Vocational Early Retirement – age 36 has been verified, boxing license has been surrendered. Institution confirms participation in eligible program.

Date of last rounds fought: _____

Signature of Plan Official

Date